

| | | |
|-----------------------------------|---|--|
| PHA 5-Year and Annual Plan | U.S. Department of Housing and Urban Development Office of Public and Indian Housing | OMB No. 2577-0226 Expires 4/30/2011 |
|-----------------------------------|---|--|

| 1.0 | PHA Information PHA Name: <u>CLINTON TOWNSHIP HOUSING COMMISSION</u> PHA Code: <u>MI040</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input checked="" type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/2012</u> | | | | | | | | | | | | |
|------------|---|----------|--------------------------------------|-------------------------------|--|----|-----|--------|--|--------|--|--------|--|
| 2.0 | Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>100</u> Number of HCV units: <u>23</u> | | | | | | | | | | | | |
| 3.0 | Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only | | | | | | | | | | | | |
| 4.0 | PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.) | | | | | | | | | | | | |
| | Participating PHAs | PHA Code | Program(s) Included in the Consortia | Programs Not in the Consortia | No. of Units in Each Program <table border="1"> <tr> <th>PH</th> <th>HCV</th> </tr> <tr> <td>PHA 1:</td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> </tr> </table> | PH | HCV | PHA 1: | | PHA 2: | | PHA 3: | |
| PH | HCV | | | | | | | | | | | | |
| PHA 1: | | | | | | | | | | | | | |
| PHA 2: | | | | | | | | | | | | | |
| PHA 3: | | | | | | | | | | | | | |
| 5.0 | 5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update. | | | | | | | | | | | | |
| 5.1 | Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The mission of the Clinton Township Housing Commission is to be the area's affordable housing of choice. We provide and maintain quality housing in a cost effective manner. By partnering with others, we offer rental assistance and other related services to our community in a non-discriminatory manner. | | | | | | | | | | | | |
| 5.2 | Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. 2010 – 2014 Plan Update: HUD Strategic Goal: Increase the availability of decent, safe and affordable housing. PHA Goal: Expand the supply of assisted housing Objective: Improve PHAS score overall – the score as of 3/31/11 is 62 with a Substandard Financial designation. PHA Goal: Improve the quality of assisted housing and increase assisted housing choices. Objective: Improve voucher management. PHA is currently on a Corrective Action Plan for SEMAP. PHA will continue to report on a monthly basis the progress being made within HCVP and adhere to all the requirements of the CAP. PHA staff will receive training in the following areas for the HCVP: HQS Inspections, SEMAP, Rent Calculation and Occupancy. The Administration Plan will be revised. PHA will devise a marketing plan to find landlords in areas of opportunity so that information can be shared with current and potential participants. PHA Goal: Provide an improved living environment Objective: There are eight (8) security cameras throughout the site. Cameras will continuously be maintained by the contractor. Funding for the maintenance of cameras will be provided by Operating Funds. PHA has and will continue to reach out to Clinton Township Police Department for assistance and thus far the CTPD has been extremely helpful in deterring crime. Continue to make improvements to the site, individual units and program as a whole. Capital Funds will be used to continue to improve and modernize units such as uniform white vertical blinds, replacement of storm doors, handicap accessibility to Management Office and Community Center. CFP '10 will have to be obligated by July 14, 2012. Majority of the funds will be used to improve the conditions of the units. During this fiscal year, PHA will issue a RFP for converting five units to be ADA compliant (barrier-free, hearing and visually impaired). Funding for project will be provided by Capital Funds and units will be listed in Modernization. Gain and maintain at least a 98% occupancy rate. PHA will purge current waiting list and after purge is complete, PHA will open Public Housing's waiting list for studio, one-bedroom and five bedroom units. PHA will revise and adopt Admissions & Continued Occupancy Policy and Administration Plan. Within the ACOP, definition and weight of preferences will be revised in order to give all preferences the same weight and to provide a preference for elderly and disabled. In addition, the Dwelling Lease will be updated to reflect changes in the ACOP. Additional PHA policies will be updated and adopted as well. | | | | | | | | | | | | |

| | |
|-----|---|
| 5.2 | <p>(continued)</p> <p>PHA Goal: Promote self-sufficiency and asset development of assisted households</p> <p>Objective: PHA will develop and adopt a Section 3 policy which will require all contractors to be compliant. The procurement policy will also be revised and adopted to reflect Section 3 requirements. Within the Procurement Policy, PHA will be able to award additional points to bidders who are Section 3 compliant and deduct points for bidders who are not. PHA will use HUD's website when searching for potential contractors who at least self certify that they are Section 3 compliant. PHA will send out Interest Applications to all residents to find out what skills the residents currently have and which skills they would like to acquire. Interest applications will be kept on file and made available to contractors. PHA will continue to work with local entities to find ways to provide training.</p> <p>PHA Goal: Ensure equal opportunity and affirmatively further fair housing</p> <p>Objective: Required Fair Housing stickers are posted. PHA continuously makes every effort to improve the living conditions across the board without targeting or discriminating against any protected classes. All of the PHA staff is required to attend a Fair Housing course on an annual basis. PHA will begin the project of converting five units to be ADA compliant.</p> <p>PHA Goal: Further the safety of our residents and HCV participants with regards to Violence Against Women Act (VAWA)</p> <p>Objective: Information regarding VAWA will be provided to all residents and HCV participants at the time of annual recertification. Landlords will be notified at the time new lease up and when any other correspondence is sent out to landlords. Notices are posted in the front lobby of Management Office.</p> |
| 6.0 | <p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <ul style="list-style-type: none"> - Waiting list will open this year - Five units will be converted to be ADA compliant - ACOP and Administration Plan to be revised and adopted <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p>34947 Village Road; Clinton Township, MI 48035</p> |
| 7.0 | <p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p> <p>Not applicable</p> |
| 8.0 | <p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p> |
| 8.1 | <p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> |
| 8.2 | <p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> |
| 8.3 | <p>Capital Fund Financing Program (CFFP).</p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p> |
| 9.0 | <p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> |
| 9.1 | <p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>Public Housing – the current waiting list will be purged. After purge is complete, PHA will open the waiting list for the 0-, 1-, and 5-bedroom units. Along with advertising in the local newspaper, the PHA will contact and work with a local social services agency that provides assistance to at-risk families and seniors. The estimated length of time the waiting list will remain open is approximately six (6) months depending upon response.</p> <p>HCVF – the waiting list is currently closed and will remain closed. The PHA will continue to update the waiting list for those applications received in 2011. After all applications received are processed, PHA will conduct a purge of the waiting list.</p> |

| | |
|------|---|
| 10.0 | <p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>The Clinton Township Housing Commission's mission is to provide affordable housing. The general overall goals were to improve the living conditions of the residents. The Clinton Township Housing Commission is committed to operating in an efficient, ethical and professional manner. We continue to provide participants and all visitors to our office with access to lists of other assisted housing and Section 3 job opportunities.</p> |
| | <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>Substantial Deviation/Modification is defined as:</p> <ol style="list-style-type: none"> 1) Change to rent or admissions policies, or organization of the waiting list 2) Additions of non-emergency work items not already in the current five year action plan under the Capital Fund 3) Any change with regard to demolition or disposition, or designation or the addition of homeownership programs or conversion activities. <p>Significant Amendment is defined as:</p> <ol style="list-style-type: none"> 1) changes in rent or admissions policies or organization of the waiting list; 2) additions of non-emergency work items not already included in the current five year action plan under the Capital Fund; 3) any change with regard to demolition or disposition, designation, homeownership programs or conversion activities. <p>If any of the above is adopted to reflect changes in HUD regulatory requirements, such changes will not be considered significant amendments.</p> |

| | |
|------|---|
| 11.0 | <p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ol style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) |
|------|---|

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

6.0 PHA Plan Update. In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.

3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.

4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.

5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.

6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: 1) development name and number; 2) designation type; 3) application status; 4) date the designation was approved, submitted, or planned for submission, and; 5) the number of units affected.

7. **Community Service and Self-Sufficiency.** A description of: (1) Any programs relating to services and amenities provided or offered to assisted families; (2) Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; (3) How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. (Note: applies to only public housing).

8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 Capital Fund Financing Program (CFFP). Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).

9.1 Strategy for Addressing Housing Needs. Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. (Note: Standard and Troubled PHAs complete annually).

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only). See instructions in 8.1.*
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only). See instructions in 8.2.*

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

| | | | | | |
|--|--|--|----------------------------|--|--------------------------------------|
| Part I: Summary | | Grant Type and Number Capital Fund Program Grant No: M128P040501-09 Replacement Housing Factor Grant No: Date of CFFP: | | FFY of Grant: 2009 FFY of Grant Approval: 2009 | |
| PHA Name: Clinton Township Housing Commission | | | | | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2011 <input type="checkbox"/> Reserve for Disasters/Emergencies | | | | | |
| Summary by Development Account | | Total Estimated Cost | | Revised Annual Statement (revision no: 4 - 9/1/2012) <input type="checkbox"/> Final Performance and Evaluation Report | |
| Line | | Original | Revised² | Obligated | Total Actual Cost¹ |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | \$43,915 | \$43,576.14 | \$43,576.14 | \$43,576.14 |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | \$1,000 | \$1,338.86 | \$1,338.86 | \$1,338.86 |
| 8 | 1440 Site Acquisition | \$4,776 | \$0 | \$0 | \$0 |
| 9 | 1450 Site Improvement | \$58,000 | \$4,776 | \$4,776 | \$4,776.00 |
| 10 | 1460 Dwelling Structures | \$0.00 | \$80,000 | \$35,826.75 | \$35,826.75 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | \$22,000 | \$0 | \$0 | \$0 |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities ⁴ | | | | |

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

| | | | |
|---|--|---|--------------------------------------|
| Part I: Summary | | FFY of Grant: 2009 | |
| PHA Name: Clinton Township Housing Commission | Grant Type and Number Capital Fund Program Grant No: M128P040501-09 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant Approval: 2009 | |
| Type of Grant | | <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 4-9/2012) | |
| <input type="checkbox"/> Original Annual Statement | | <input type="checkbox"/> Final Performance and Evaluation Report | |
| <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2010 | | | |
| Line | Summary by Development Account | Total Estimated Cost | Total Actual Cost¹ |
| | | Original | Obligated |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | |
| 20 | Amount of Annual Grant: (sum of lines 2 - 19) | | |
| 21 | Amount of line 20 Related to LBP Activities | \$129,691 | \$85,517.75 |
| 22 | Amount of line 20 Related to Section 504 Activities | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | |
| Signature of Executive Director | | Signature of Public Housing Director | |
| Date | | Date | |

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

| | | | | | |
|--|--|---|---|---|---|
| Part I: Summary | | Grant Type and Number Capital Fund Program Grant No: M128P040501-10 Replacement Housing Factor Grant No: Date of CFFP: | | FFY of Grant: 2010 FFY of Grant Approval: 2010 | |
| PHA Name: Clinton Township Housing Commission | | | | | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2011 | | <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3 - 9/1/2012) <input type="checkbox"/> Final Performance and Evaluation Report | | | |
| Line | Summary by Development Account | Original | Total Estimated Cost Revised² | Obligated | Total Actual Cost¹ Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | \$0 | \$25,851 | \$25,851 | \$25,851 |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | \$0 | \$12,925 | \$12,925 | \$0 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | \$1,000 | \$1,000 | \$0 | \$0 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | \$4,776 | \$5,000 | \$0 | \$0 |
| 10 | 1460 Dwelling Structures | \$98,479 | \$84,479 | \$77,929.56 | \$3,360.00 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | \$25,000 | \$0 | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities ⁴ | | | | |

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

| | | | |
|---|--|--|--------------------------------------|
| Part I: Summary | | FFY of Grant: 2010 FFY of Grant Approval: 2010 | |
| PHA Name: Clinton Township Housing Commission | Grant Type and Number Capital Fund Program Grant No: M128P040501-10 Replacement Housing Factor Grant No: Date of CFFP: | | |
| <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Revised Annual Statement (revision no: 3 - 9/1/2012) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2011 <input type="checkbox"/> Final Performance and Evaluation Report | | | |
| Type of Grant | Summary by Development Account | Total Estimated Cost | Total Actual Cost¹ |
| Line | | Original | Revised² |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | |
| 20 | Amount of Annual Grant:: (sum of lines 2 - 19) | \$129,255 | \$129,255 |
| 21 | Amount of line 20 Related to LBP Activities | | \$116,705.56 |
| 22 | Amount of line 20 Related to Section 504 Activities | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | |
| Signature of Executive Director | | Signature of Public Housing Director | |
| <i>[Signature]</i> | | <i>[Signature]</i> | |
| Date | | Date | |
| 10/19/12 | | 10/19/12 | |

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

| Part II: Supporting Pages | | | | | | |
|---|--|---|-----------|----------------------------|---------------------------------|--|
| PHA Name: Clinton Township Housing Commission | | Grant Type and Number Capital Fund Program Grant No: MI28P040501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No: | | Federal FFY of Grant: 2010 | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Status of Work |
| | | | | Original | Revised ¹ | |
| | | | | | Funds Obligated ² | Funds Expended ² |
| MI040 | Dwelling Structures - 100% Blind Installation | 1460 | 100 units | \$98,479 \$40,000 | \$84,479 \$34,994 | \$77,929.56 \$27,690 |
| | | | | | | Contract signed 7/11/12; NTP issued 8/29/2012 |
| | - Storm Door Supply & Installation | | 56 units | \$45,000 | \$47,040.00 | Contract signed 7/11/12; NTP issued 8/30/2012 |
| | - Vacant Unit Turnaround | | 9 units | \$5,904.00 | \$5,904.00 | Contract signed 7/13/12; NTP issued 7/19/12; completed 8/19/12 |
| | | | | | | |
| | | | | | | |
| | | | | | | |

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

| | | | | | |
|---|--|---|---|---|---|
| Part I: Summary | | Grant Type and Number Capital Fund Program Grant No: M128P040501-11 Replacement Housing Factor Grant No: Date of CFFP: | | FFY of Grant: 2011 FFY of Grant Approval: 2011 | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2010 | | <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3 - 9/1/2012) <input type="checkbox"/> Final Performance and Evaluation Report | | | |
| Line | Summary by Development Account | Original | Total Estimated Cost Revised² | Obligated | Total Actual Cost¹ Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | \$21,344.00 | \$21,344 | \$21,344.00 | 20,282.06 |
| 3 | 1408 Management Improvements | \$21,344.00 | \$21,344 | \$4,900.00 | \$2,825.00 |
| 4 | 1410 Administration (may not exceed 10% of line 21) | \$10,672.00 | \$10,672 | \$10,672.00 | |
| 5 | 1411 Audit | \$10,000.00 | \$0.00 | \$0 | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | \$43,357.00 | \$5,000 | \$0 | \$0 |
| 10 | 1460 Dwelling Structures | \$0 | \$38,357 | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Non-dwelling Structures | | \$10,000 | | |
| 13 | 1475 Non-dwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities ⁴ | | | | |

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

| | | | |
|--|---|---|----------------------|
| Part I: Summary | | FFY of Grant: 2011 FFY of Grant Approval: 2011 | |
| PHA Name: Clinton Township Housing Commission | Grant Type and Number Capital Fund Program Grant No: M128P040501-11 Replacement Housing Factor Grant No: Date of CFFP: | | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2010 | | <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3 - 9/1/2012) <input type="checkbox"/> Final Performance and Evaluation Report | |
| Line | Summary by Development Account | Total Estimated Cost Original | Revised ² |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | Obligated |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | |
| 20 | Amount of Annual Grant:: (sum of lines 2 - 19) | \$106,717.00 | \$36,916.00 |
| 21 | Amount of line 20 Related to LBP Activities | | \$23,107.06 |
| 22 | Amount of line 20 Related to Section 504 Activities | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | |
| Signature of Executive Director | | Signature of Public Housing Director | |
| Date | | Date | |

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

| | | | | | |
|---|--|---|---|--|---|
| Part I: Summary | | Grant Type and Number Capital Fund Program Grant No: M128P04050112 Replacement Housing Factor Grant No: Date of CFFP: | | FFY of Grant: 2012 FFY of Grant Approval: | |
| PHA Name: Clinton Township Housing Commission | | | | | |
| <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2011 <input type="checkbox"/> Reserve for Disasters/Emergencies | | | | | |
| Type of Grant | | <input checked="" type="checkbox"/> Revised Annual Statement (revision no:1) <input type="checkbox"/> Final Performance and Evaluation Report | | | |
| Line | Summary by Development Account | Original | Total Estimated Cost Revised² | Obligated | Total Actual Cost¹ Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | \$19,757.00 | \$19,757.00 | | |
| 3 | 1408 Management Improvements | \$3,000.00 | \$3,000.00 | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | \$9,878.00 | \$9,878.00 | \$9,878.00 | |
| 5 | 1411 Audit | \$5,000.00 | \$0.00 | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | \$6,000.00 | \$6,000.00 | | |
| 10 | 1460 Dwelling Structures | \$55,150.00 | \$60,150.00 | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities ⁴ | | | | |

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

| | | | |
|--|--|---|----------------------|
| Part I: Summary | | FFY of Grant: 2012 | |
| PHA Name: Clinton Township Housing Commission | Grant Type and Number Capital Fund Program Grant No: M128P04050112 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant Approval: | |
| <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | | <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report | |
| Type of Grant | | Total Estimated Cost | |
| Line | Summary by Development Account | Original | Revised ² |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | Obligated |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | |
| 20 | Amount of Annual Grant:: (sum of lines 2 - 19) | \$98,785.00 | \$9,878.00 |
| 21 | Amount of line 20 Related to LBP Activities | | \$0.00 |
| 22 | Amount of line 20 Related to Section 504 Activities | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | |
| Signature of Executive Director | | Signature of Public Housing Director | |
| Date 10/19/12 | | Date | |

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFF Grants for operations.

⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part I: Summary

| PHA Name/Number Clinton Township Housing Commission/ MI040 | | Locality (City/County & State) Clinton Township, Macomb County, Michigan | | | <input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1 | |
|--|--|---|---------------------------------------|---------------------------------------|--|---------------------------------------|
| A. | Development Number and Name | Work Statement for Year 1 FFY 2012 | Work Statement for Year 2 FFY 2013 | Work Statement for Year 3 FFY 2014 | Work Statement for Year 4 FFY 2015 | Work Statement for Year 5 FFY 2016 |
| B. | Physical Improvements Subtotal | Annual Statement | \$69,149.50 | \$64,149.50 | \$69,149.50 | \$69,149.50 |
| C. | Management Improvements | | \$0 | \$5,000 | \$0 | \$5,000 |
| D. | PHA-Wide Non-dwelling Structures and Equipment | | | | | |
| E. | Administration | | \$9,878.50 | \$9,878.50 | \$9,878.50 | \$9,878.50 |
| F. | Other | | | | | |
| G. | Operations | | \$19,757 | \$19,757 | \$19,757 | \$19,757 |
| H. | Demolition | | | | | |
| I. | Development | | | | | |
| J. | Capital Fund Financing – Debt Service | | | | | |
| K. | Total CFP Funds | | \$98,785 | \$98,785 | \$98,785 | \$98,785 |
| L. | Total Non-CFP Funds | | \$0 | \$0 | \$0 | \$0 |
| M. | Grand Total | | \$98,785 | \$98,785 | \$98,785 | \$98,785 |

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2001

[illegible]

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2001**

| Part II: Supporting Pages – Physical Needs Work Statement(s) | | | | | | |
|--|--|----------|--|--|----------------------------|----------------|
| Work Statement for Year 1 FFY 2012 | Work Statement for Year 2 FFY 2013 | | Work Statement for Year: 3 FFY 2014 | | | |
| | Development Number/Name General Description of Major Work Categories | Quantity | Estimated Cost | Development Number/Name General Description of Major Work Categories | Quantity | Estimated Cost |
| See | Plumbing Upgrades | Lump Sum | \$20,000 | Vehicle Replacement | Lump Sum | \$20,000 |
| Annual | Building Envelope | Lump Sum | \$20,000 | Maintenance Tools/ equipment upgrade | Lump Sum | 5,000 |
| Statement | ADA upgrades | Lump Sum | \$10,000 | Outside lights/security upgrades | Lump Sum | \$5,000 |
| | Architect | Lump Sum | \$8,000 | Concrete work/ General site improvements | Lump Sum | \$5,000 |
| | Ext. Electrical upgrades | Lump Sum | \$1,549.50 | Appliance Replacement | Lump Sum | \$5,000 |
| | Appliance Replacement | Lump Sum | \$7,600 | Building Envelope | Lump Sum | \$24,149.50 |
| | Concrete Work/ general site improvements | Lump Sum | \$2,000 | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Subtotal of Estimated Cost | | \$69,149.50 | | Subtotal of Estimated Cost | \$64,149.50 |

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2001**

| Part II: Supporting Pages – Physical Needs Work Statement(s) | | | | | | |
|--|--|----------|----------------|--|----------------------------|----------------|
| Work Statement for Year 1 FFY 2011 | Work Statement for Year 4 FFY 2015 | | | Work Statement for Year: 5 FFY 2016 | | |
| | Development Number/Name General Description of Major Work Categories | Quantity | Estimated Cost | Development Number/Name General Description of Major Work Categories | Quantity | Estimated Cost |
| See | ADA Upgrades | Lump Sum | \$20,000 | Building Envelope | Lump Sum | \$59,149.50 |
| Annual | Building Envelope | Lump Sum | 29149.50 | ADA Upgrades | Lump Sum | \$5,000 |
| Statement | Appliance Replacement | Lump Sum | \$5,000 | Appliance replacement | Lump Sum | \$5,000 |
| | Architect | Lump Sum | \$10,000 | | | |
| | Concrete Work/ General site improvements | Lump Sum | \$5,000 | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Subtotal of Estimated Cost | | \$ 69,149.50 | | Subtotal of Estimated Cost | \$69,149.50 |

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2001**

| Part III: Supporting Pages – Management Needs Work Statement(s) | | | | | |
|--|---|-----------------------|---|-----------------------|--|
| Work Statement for Year 1 FFY | Work Statement for Year FFY | | | | |
| | Development Number/Name General Description of Major Work Categories | Estimated Cost | Development Number/Name General Description of Major Work Categories | Estimated Cost | |
| See | | | | | |
| Annual | | | | | |
| Statement | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Subtotal of Estimated Cost \$ | | Subtotal of Estimated Cost \$ | | |

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2001**

| Part III: Supporting Pages – Management Needs Work Statement(s) | | | | | |
|--|---|-----------------------|---|-----------------------|--|
| Work Statement for Year 1 FFY _____ | Work Statement for Year _____ FFY _____ | | | | |
| | Development Number/Name General Description of Major Work Categories | Estimated Cost | Development Number/Name General Description of Major Work Categories | Estimated Cost | |
| See | | | | | |
| Annual | | | | | |
| Statement | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Subtotal of Estimated Cost | \$ | Subtotal of Estimated Cost | \$ | |

9.0 Housing Needs

SOCDS CHAS Data: Housing Problems Output for All Households

| Household by Type, Income, & Housing Problem | Name of Jurisdiction: Clinton Twp(CDBG), Michigan | | | | Source of Data: CHAS Data Book | | | | Data Current as of: 2000 | | | | |
|--|--|--|---|---------------------|-----------------------------------|--------------------------------------|--|---|-----------------------------|--------------|--|---|-------------------------------|
| | Renters | | | | Owners | | | | Total Owners | All Other | Large Related (5 or more members) | Small Related (2 to 4 members) | Elderly (1 & 2 members) |
| | Elderly (1 & 2 members) (A) | Small Related (2 to 4 members) (B) | Large Related (5 or more members) (C) | All Other (D) | Total Renters (E) | Elderly (1 & 2 members) (F) | Small Related (2 to 4 members) (G) | Large Related (5 or more members) (H) | | | | | |
| 1. Household Income ≤ 50% MFI | 1,591 | 1,069 | 141 | 1,233 | 4,034 | 1,974 | 817 | 68 | 3,245 | 386 | | | 7,279 |
| 2. Household Income ≤ 30% MFI | 998 | 546 | 82 | 727 | 2,353 | 767 | 314 | 40 | 1,284 | 163 | | | 3,637 |
| 3. % with any housing problems | 65.4 | 74.9 | 82.9 | 84.2 | 74.0 | 77.6 | 89.2 | 100.0 | 78.7 | 58.9 | | | 75.7 |
| 4. % Cost Burden >30% | 65.4 | 71.2 | 68.3 | 84.2 | 72.7 | 77.6 | 89.2 | 100.0 | 78.7 | 58.9 | | | 74.8 |
| 5. % Cost Burden >50% | 51.5 | 53.5 | 51.2 | 71.4 | 58.1 | 46.2 | 84.1 | 65.0 | 54.8 | 36.8 | | | 56.9 |
| 6. Household Income >30 to <50% MFI | 593 | 523 | 59 | 506 | 1,681 | 1,207 | 503 | 28 | 1,961 | 223 | | | 3,642 |
| 7. % with any housing problems | 67.3 | 66.9 | 93.2 | 83.0 | 72.8 | 40.2 | 57.3 | 100.0 | 48.9 | 70.9 | | | 59.9 |
| 8. % Cost Burden >30% | 67.3 | 58.5 | 62.7 | 83.0 | 69.1 | 39.9 | 55.3 | 35.7 | 47.3 | 70.9 | | | 57.4 |
| 9. % Cost Burden | 18.5 | 11.9 | 0.0 | 14.4 | 14.6 | 14.8 | 32.6 | 0.0 | 21.6 | 36.3 | | | 18.4 |

Elderly households: 1 or 2 person household, either person 62 years old or older.

Renter: Data do not include renters living on boats, RVs or vans. This excludes approximately 25,000 households nationwide.

Cost Burden: Cost burden is the fraction of a household's total gross income spent on housing costs. For renters, housing costs include rent paid by the tenant plus utilities. For owners, housing costs include mortgage payment, taxes, insurance, and utilities.

Source: [Tables F5A, F5B, F5C, F5D](#)

Racial makeup of Clinton Township, MI –

White population: 36,989
Asian population: 539

Black population: 1,604
Hispanic population: 431

Native American population: 99
Pacific Islanders: 0

Home Owners: 27,746

Renters: 12,116

% of renters in Clinton Township: 30%

% of renters in state: 26%

Residents with income below the poverty level from report:

Clinton Township: 9.1%

Michigan: 26%

Residents with income below 30% of the poverty level from report:

Clinton Township: 18.3%

Michigan: 22.7%

Clinton Township from 2000 census

| DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION | | | |
|---|--|--------|-------|
| Population 5 to 20 years | | | |
| With a disability | | 19,166 | 100.0 |
| | | 1,657 | 8.6 |
| Population 21 to 64 years | | | |
| With a disability | | 56,792 | 100.0 |
| Percent employed | | 8,702 | 15.3 |
| No disability | | 59.4 | (X) |
| Percent employed | | 48,090 | 84.7 |
| | | 80.6 | (X) |
| Population 65 years and over | | | |
| With a disability | | 13,254 | 100.0 |
| | | 5,267 | 39.7 |

| Housing Needs of Families in the Jurisdiction by Family Type | | | | | | |
|---|---------|--------------------|--------|---------|--------------------|---------------|
| Family Type | Overall | Afford- ability | Supply | Quality | Access- ibility | Loca- tion |
| Income <= 30% of AMI | 2,353 | 5 | NA | NA | NA | NA |
| Income >30% but <=50% of AMI | 1,681 | 4 | NA | NA | NA | NA |
| Income >50% but <80% of AMI | 3,049 | 2 | NA | NA | NA | NA |
| Elderly | 2,600 | NA | NA | NA | NA | NA |
| Families with Disabilities | 1484 | NA | NA | NA | NA | NA |
| Asian | 233 | NA | NA | NA | NA | NA |
| Hispanic | 159 | NA | NA | NA | NA | NA |
| African American | 676 | NA | NA | NA | NA | NA |
| Race/Ethnicity | | NA | NA | NA | NA | NA |

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

☒ PHA Goal: Expand the supply of assisted housing

Objectives:

- ☐ Apply for additional rental vouchers:
- ☒ Reduce public housing vacancies: Continue to improve unit turnover times
- ☐ Leverage private or other public funds to create additional housing opportunities:
- ☐ Acquire or build units or developments
- ☐ Other (list below)

☒ PHA Goal: Improve the quality of assisted housing

Objectives:

- ☐ Improve public housing management: Scoring on all management aspects
- ☒ Improve voucher management: (SEMAP score)
- ☒ Increase customer satisfaction:
- ☐ Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
- ☒ Renovate or modernize public housing units: Our Capital fund provides for this
- ☐ Demolish or dispose of obsolete public housing:
- ☐ Provide replacement public housing:
- ☐ Provide replacement vouchers:
- ☐ Other: (list below)

☒ PHA Goal: Increase assisted housing choices

Objectives:

- ☐ Provide voucher mobility counseling:
- ☒ Conduct outreach efforts to potential voucher landlords: WE continue to do this. We added the links for landlords to the website and send out letters to landlord associations yearly encouraging them to become section 8 landlords.
- ☐ Increase voucher payment standards
- ☐ Implement voucher home ownership program:
- ☐ Implement public housing or other home ownership programs:
- ☐ Implement public housing site-based waiting lists:
- ☐ Convert public housing to vouchers:
- ☐ Other: (list below)

HUD Strategic Goal: Improve community quality of life and economic vitality

☐ PHA Goal: Provide an improved living environment

Objectives:

- ☐ Implement measures to de concentrate poverty by bringing higher income public housing households into lower income developments:

- ☐ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- ☐ Implement public housing security improvements:
- ☐ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- ☐ Other: (list below)

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

☐ PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

- ☐ Increase the number and percentage of employed persons in assisted families:
- ☐ Provide or attract supportive services to improve assistance recipients' employability (we have a contract with FIA for job training and we post Help wanted ads in our management office)
- ☐ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- ☐ Other: (list below)

HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

☒ PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- ☒ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: We plan to renovate 3 more units into disability units in the next five years.
- ☐ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
- ☐ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- ☒ Other: (list below)

Other PHA Goal – to further the safety of our tenants and section 8 vouchers holders with regards to the Violence Against Women Act.

Objective:

- ☒ Provide resources to any families that are dealing with domestic violence by referring them to available centers in the community such as:
 - ☐ Adult victims of domestic violence to Turning Point, a women's shelter in Mt. Clemens.
 - ☐ Care House, a child victim's resource center for both the child and the parent or responsible adult.

☒ Comply with all rules and regulations pertaining to the VAWA act.

Violence Against Women Act (VAWA) Policy

1.0 Purpose

The purpose of the Policy is to reduce domestic violence, dating violence and stalking and to prevent homelessness by:

- a) protecting the safety of victims;
- b) creating long-term housing solutions for victims;
- c) building collaborations among victim service providers; and
- d) assisting Clinton Township Housing Commission (CTHC) to respond appropriately to the violence while maintaining a safe environment for CTHC employees, tenants, applicants, Section 8 participants, program participants and others.

The Policy will assist the CTHC in providing rights under the Violence Against Women Act to its applicants, public housing residents, Section 8 participants and other program participants.

2.0 Mission Statement

CTHC's policy is to comply with 2005 VAWA Pub. L. 109-162; Stat. 2960 signed into law on January 5, 2006 and codified at 42 U.S.C. § 1437d (1) and 1437 (d), (o) & 1 and (u). SCSHC shall not discriminate against an applicant, public housing resident, Section 8 program participant or other program participant on the basis of the rights or privileges provided under the VAWA.

This Policy is incorporated into CTHC "Admissions and Continued Occupancy Policy" (ACOP) and "Section 8 Administrative Plan" and applies to all CTHC housing programs.

3.0 Definitions

The definitions in the Section apply only to this Policy.

3.1 Confidentiality: Means that CTHC will not enter information provided to CTHC under 4.2 into a shared database or provide this information to any related entity except as stated in 4.3.

3.2 Dating Violence: Violence committed by a person (a) who is or has been in a social relationship of a romantic or intimate nature with the victim; and (b) where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) the length of the relationship; (ii) the type of relationship; (iii) the frequency of interaction between the persons involved in the relationship. 42 U.S.C. § 1437d (u) (3) (A).

3.3 Domestic Violence: Felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, committed by a person with whom the victim shares a child in common, committed by a person who is cohabitating with or has cohabitated with the victim as a

spouse, committed by a person similarly situated to a spouse of the victim under the domestic or family violence laws of Michigan, or committed by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of Michigan. 42 U.S.C. § 1437d (u) (3) (B).

- 3.4 **Homeless, Homeless Individual, and Homeless Person:** A person who lacks a fixed, regular and adequate nighttime residence. Also includes: a) a person who is sharing the housing of other persons due to loss of housing, economic hardship or a similar reason; b) a person living in a motel, hotel, trailer park, or campground due to lack of alternative adequate accommodations; c) a person living in emergency or transitional shelter; d) a person abandoned in a hospital; e) a person awaiting foster care placement; or f) a person who has a primary nighttime resident that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings. VAWA of 2005 §41403.
- 3.5 **Involuntary Displacement:** Occurs when a victim has vacated or will have to vacate their housing unit because of domestic violence, dating domestic violence or stalking against the victim.
- 3.6 **Immediate Family Member:** A spouse, parent, brother or sister, or child of a victim or an individual to whom the victim stands in loco parentis; or any other person living in the household of the victim and related to the victim by blood and marriage. 42 U.S.C. § 1437d (u) (3) (D).
- 3.7 **Long-term Housing:** Is housing that is sustainable, accessible, affordable and safe for the foreseeable future which: a) the person rents or owns; b) is subsidized by a voucher or other program as long as the person meets the eligibility requirements of the program; c) directly provided by CTHC, is not time limited and the person meets the eligibility requirements of the program.
- 3.8 **Perpetrator:** A person who commits an act of domestic violence, dating domestic violence or stalking against a victim.
- 3.9 **Stalking:** (a) to follow, pursue or repeatedly commit acts with the intent to kill, injure, harass or intimidate the victim; (b) to place under surveillance with the intent to kill, injure, harass or intimidate the victim; (c) in the course of, or as a result of such following, pursuit, surveillance, or repeatedly committed acts, to place the victim in reasonable fear of the death of, or serious bodily injury to the victim; or (d) to cause substantial emotional harm to the victim, a member of the immediate family of the victim or the spouse or intimate partner of the victim. 42 U.S.C. § 1437D (u) (3) (C).
- 3.10 **Victim:** Is a person who is the victim of domestic violence, dating violence, or stalking under this Policy and who has timely and completely completed the certification under 4.2 and 4.3 or as requested by CTHC.

4.0 Certification and confidentiality

4.1 Failure to Provide Certification

The person shall provide complete and accurate certifications to CTHC, owner or manager within 14 business days after the party requests in writing that the person completes the certifications. If the person does not provide a complete and accurate certification within the 14 business days, SCSHC, the owner or manager may take action to deny or terminate participation or tenancy under: 42 U.S.C. § 1437 (5) & (6); 42 U.S.C. § 1437 (d) (c) (3); 42 U.S.C. § 1437f (c) (9); 42 U.S.C. § 1437F (d) (1) (b) (ii) & (iii); 42 U.S.C. § 1437f (o) (7) (C) & (D); or 42 U.S.C. § 1437f (o) (20) or for other good cause.

4.2 Certification

A person who is claiming victim status must provide to CTHC a) documentation signed by a victim and an employee, agent, or volunteer of a victim service provider, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking or the effects of the abuse, in which the professional attests under penalty of perjury (28 U.S.C. § 1746) to the professional's belief that the incident(s) in question are bona fide incidents of abuse; or b) a federal, state tribal, territorial, local police or court record

4.3 Confidentiality

CTHC, the owner and manager shall keep all information provided to CTHC under this Section confidential. CTHC, owner and manager shall not enter the information into a shared database or provide to any related entity except to the extent that:

- (a) the victim requests or consents to the disclosure in writing;
- (b) the disclosure is required for:
 - (i) eviction from public housing under 42 U.S.C. § 1437 (5) & (6) (See Section 5 in this policy);
 - (ii) termination of Section 8 assistance under 42 U.S.C. § 1437f (c) (9); 42 U.S.C. § 1437f (d) (1) (B) (ii) & (iii); 42 U.S.C. § 1437F (o) (7) (C) & (D); or 42 U.S.C. § 1437f (o) (20) (See Section 5 in this Policy); or
- (c) the disclosure is required by applicable law.

4.4 Compliance Not Sufficient to Constitute Evidence of Unreasonable Act

The CTHC, owner or manager's compliance with Sections 4.1 and 4.2 alone shall not be sufficient to show evidence of an unreasonable act or omission by them.

6.0 Actions Against a Perpetrator

CTHC may evict, terminate assistance, deny admission to a program or trespass a perpetrator from its property under this Policy. The victim shall take action to control or prevent the domestic violence, dating violence, or stalking. The action may include but is not limited to: a) obtaining and enforcing a restraining or no contact order or order for protection against the perpetrator; b) obtaining and enforcing a trespass against the perpetrator; c) enforcing CTHC or law enforcement's trespass of the perpetrator; d) preventing the delivery of the perpetrator's mail to the victim's unit; e) providing identifying information listed in 4.2; and f) other reasonable measures.

7.0 Notice to Applicants, Participants, Tenant's and Section 8 Managers and Owners.

CTHC shall provide notice to applicants, participants, tenants, managers and owners of their rights and obligations under Section 4.3 Confidentiality and Section 5.0 Appropriate Basis for Denial of Admission, Assistance or Tenancy.

8.0 Preferences

Families who are victims under VAWA will receive a preference in CTHC's public housing and housing assistance programs. Families who have been victims of domestic violence, dating violence or stalking shall provide: a) documentation signed by the victim and an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking or the effects of the abuse, with which the professional attests under penalty of perjury (28 U.S.C. § 1746) to the professional's belief that the incident(s) in question are bona fide incidents of abuse; or b) a federal, state, tribal, territorial or local police or court record to establish their victim status under this policy.

9.0 Reporting Requirements

CTHC shall include in its 5 year plan a statement of goals, objectives, policies or programs that will serve the needs of victims. CTHC shall also include a description of activities, services or programs provided or offered either directly or in partnership with other service providers to victims, to help victims obtain or maintain housing or to prevent the abuse or to enhance the safety of victims.

10.0 Conflict and Scope: This Policy does not enlarge CTHC's duty under any law, regulation or ordinance. If this Policy conflicts with the applicable law, regulation or ordinance, the law, regulation or ordinance shall control. If this policy conflicts with another CTHC policy such as its ACOP or Section 8 Admin Plan, this Policy will control.

11.0 Amendment: The Executive Director may amend this policy when it is reasonably necessary to effectuate the Policy's intent, purpose or interpretation with Board approval.

Adopted: 5/10/07

G:\Policies\VAWA.doc

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Civil Rights Certification**Annual Certification and Board Resolution**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Clinton Township Housing Commission

MI040

PHA Name

PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

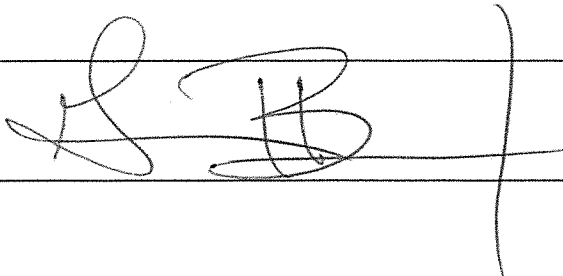
Name of Authorized Official

Gerald Burnosky

Title

President, Board of Commissioners

Signature



Date

10/25/12

PHA Certifications of Compliance with PHA Plans and Related R e g u l a t i o n s

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 08/30/2011

PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the ___ 5-Year and/or ~~5~~ Annual PHA Plan for the PHA fiscal year beginning, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.

13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Clinton Township Housing Commission
PHA Name

MI040
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20 - 20

X Annual PHA Plan for Fiscal Years 2012-2013

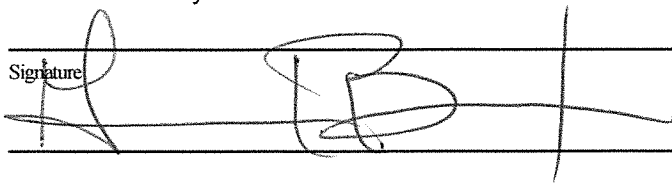
I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official
Gerald Burnosky

Title Chairman, Board of Commissioners

Signature

Date



10/25/12

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

Clinton Township Housing Commission

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

34947 Village Rd; Clinton Township, MI 48035

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Eboni Nugin

Title

Executive Director

Signature

Date

X

form HUD-50070 (3/98)

ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 01/31/2014)

Applicant Name

Clinton Township Housing Commission

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Eboni Nugin

Title

Executive Director

Signature

Date (mm/dd/yyyy)

10/23/12

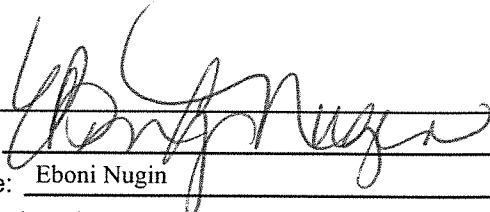
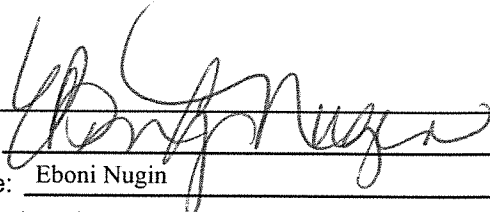
DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

| | | | | | |
|--|--|---|---|--|--|
| 1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance | | 2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award | | 3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____ | |
| 4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known : Congressional District, if known : 4c | | | 5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known : | | |
| 6. Federal Department/Agency: | | | 7. Federal Program Name/Description: CFDA Number, if applicable: 14.884 | | |
| 8. Federal Action Number, if known : | | | 9. Award Amount, if known : \$ | | |
| 10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): | | | b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):  | | |
| 11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. | | | Signature:  Print Name: Eboni Nugin Title: Executive Director Telephone No.: 586-791-7000 Date: 10/23/2012 | | |
| Federal Use Only: | | | | Authorized for Local Reproduction Standard Form LLL (Rev. 7-97) | |

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

Clinton Township Housing Commission
Resident Advisory Board Meeting
Friday, September 7, 2012

SIGN IN SHEET

[illegible]

2012 PHA Plan Resident Advisory Board Meeting

Meeting Date and Time: Friday, September 7, 2012 at 3:00 p.m. in the Community Building on Village Road.

Attendees:

Jannett Mitchell
Sonya Seawright
Sherry Dozier
Joe McCain
Diane White
Javon Butler

Request with Comments:

1. Replacing refrigerators – Resident stated that Management would replace 100% appliances every 16 years. Management is currently replacing appliances as needed. In the near future, replacement appliances will be funded by Capital Funds.
2. Replacement of floor tile in dwelling unit – Residents stated that some of their tiles are discolored due to age. Other residents stated that the wax on the floors does not stay. Management advised those residents to try some Mop N' Glo in order to get shine. However, Management will formulate ICE to see if tile replacement will be affordable and if so maybe add into next five year plan. This project may be funded by Capital Funds once submitted on Five Year plan.
3. Walls are too thin – Residents stated that walls are too thin and can easily be punched in. Management advised that walls are made out of standard drywall and is naturally thinner especially for interior walls. Management advised for residents not to put furniture directly on walls and refrain from continuous touching of the walls. No actions will be taken on this proposed project at this time.
4. Clean ductwork – Residents stated that they have excessive dust coming from the vents. Management will get estimates from heating and cooling contractor and try to arrange service before winter. This project will be funded by Operating Subsidy.
5. Exhaust fans in all bathrooms – Residents mentioned that there are some bathrooms without exhaust fans but have windows for ventilation especially in the senior units. Seniors do not want to open windows during winter months and for safety reasons. Management will look into project to ensure plans are covered in Five Year plan. This project will need to be funded by Capital Funds.
6. Cyclical Painting program – Resident stated that units should be painted every five years. Management advised that industry standards are seven to ten years. CTHC averages two move outs per months which yields approximately 25/year which is 25% of the unit inventory. More research will be done regarding the painting program in regards to cost and actual need. This project will be funded by either Operating or Capital Funds.

7. Bathroom repairs – Residents stated they have excessive amount of mildew, caulking removed, and tiles loose. Management advised to use bleach and water to remove the mildew, make sure there is ventilation to the bathroom and avoid long hot showers. Management will have contractors conducting Physical Needs Assessment (PNA) look into extent of amount of work needed in bathrooms. This project may need to be funded by Capital Funds.

8. Stair treads – Residents stated that treading on stairs are coming aloose. Management advised for residents to call in a work order and repairs can be made on an individual basis. However, Management will look into it during the PNA. Project may need to be funded by Capital Funds.

9. Barrier on 15 Mile Road – Residents stated that there have been a few accidents along 15 Mile Road where the vehicles came very close to hitting the dwelling structures and the police continuously driving on the grass. Management will need to contact the Township to see if there are any zoning ordinances or anything that may restrict putting up barriers. Project may need to be funded by Operating.

INDEPENDENT NEWSPAPERS, INC.
100 MACOMB DAILY DR.
MT. CLEMENS, MI 48043
AFFIDAVIT OF PUBLICATION

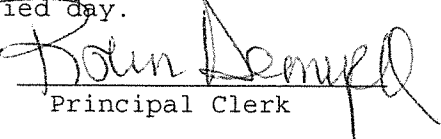
CLINTON TWP HOUSING COMMISSION
34947 VILLAGE ST
MT CLEMENS MI 48043

REFERENCE: INI29743
4087758

STATE OF MICHIGAN

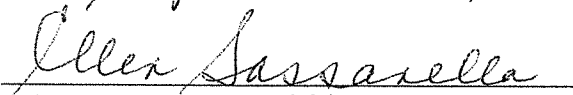
COUNTY OF MACOMB

The undersigned, being duly sworn that she is the principal clerk of INDEPENDENT NEWSPAPERS, INC published in the English language for the dissemination of local or transmitted news & intelligence of a general character, which are duly qualified newspapers, and that annexed hereto is a copy of a certain order taken from these newspapers in which the order was published on specified day.


Principal Clerk

Subscribed and sworn to before me on

September 5, 2012


Notary Public

Commission Expires 11/3/2018
PUBLISHED:

09/02/12

INI Macomb Daily
full

TOTAL COST: 200.29 AD SPACE: 4.000 INCH
FILED ON: 09/05/2012

2012 PHA PLAN
MEETING NOTICE

Clinton Township Housing Commission's 2012 PHA Plan is up for review by the public.

2012 PHA Plan Resident Advisory Board Meeting will be held, Friday, September 7, 2012 at 3:00 p.m. at the CTHC's Community Center. Located at 34750 Village Road, Clinton Township, MI 48035

For any additional information, please contact the Commission's office located at 34749 Village Road, Clinton Township, MI 48035 at (586) 791-7000.

M.D. 09/02/12

4087758

09-26-12A1111